

## Appendix 7

### Montana Department of Commerce Income & Family Certification

#### Part B: Certification of Zero Income

(To be completed by all adult household members, only if appropriate.)

Household Name: \_\_\_\_\_

Tenant ID: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

Phone# \_\_\_\_\_

#### Part I.

1. I hereby certify that I do not receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Monies from land, oil, mineral, or water rights;
- k. Any other source not named above.

2. How much cash, if any, do you receive from family or friends each month? \_\_\_\_\_

3. If you are making payments to a Housing Agency for a claim owed to that agency, enter the agency name and payment amount.

- a. Housing Agency \_\_\_\_\_
- b. \$ \_\_\_\_\_

4. I have no income of any kind.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

## Appendix 6

**Part II.** - Explain exactly how each of your expenses is paid.

**Do not leave any line blank, complete answers are required.** If any household item on this form is not answered or response is too vague, this form will be returned to the household for clarification and completeness. To prevent a delay in review of your application, please make sure all information is completed.

If you answer “Yes” to any of the following, please have your family or organization that provide you money to meet your basic necessities **write a statement** on the amount that they assist you with on a reoccurring basis.

Basic Necessity	Paid By	Amount Due or Paid out Monthly	Reoccurring Assistance from Family, Friend, or Organizations (circle yes or no)
Rent		\$	Yes No
Does this amount include utilities? If yes, circle all that apply: Power, Garbage, Water, Sewer, Other			
Groceries		\$	Yes No
Electricity		\$	Yes No
Heating (if other than electric)		\$	Yes No
Telephone		\$	Yes No
Cell Phone Under What Name:		\$	Yes No
Cable TV or Satellite		\$	Yes No
Water		\$	Yes No
Sewer		\$	Yes No
Automobile Payment		\$	Yes No
Gasoline/Fuel		\$	Yes No
Maintenance & Repairs		\$	Yes No
Insurance (Auto)		\$	Yes No
Insurance (Health, Life)		\$	Yes No
Clothing for Family		\$	Yes No
Laundry & Cleaning Supplies		\$	Yes No
Toiletries (personal hygiene items)		\$	Yes No
Over Counter Medications		\$	Yes No
Activities		\$	Yes No
Child Care		\$	Yes No
Child Support		\$	Yes No
Education (school functions, supplies)		\$	Yes No
Pets (Food, Medication)		\$	Yes No
Entertainment		\$	Yes No
Gifts		\$	Yes No
Cigarettes		\$	Yes No
Rental of Furniture, Electronics or Appliances		\$	Yes No
Other		\$	Yes No

**Appendix 6**  
**Part III.**

The person signing below declares that the information provided on this form is correct and complete. Tenants are always required to report changes in family composition and income, **in writing**, within 30 days of the date of change using MDOC forms provided to all participants.

I understand that by claiming zero income, I am required to contact my case worker every 60 days to provide information about my household income. I will need to provide this completed form and any supporting documentation to my case worker by: \_\_\_\_\_

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date